Revision:	AUGUST 1991	(BPD)	•	OMB No.: 0938-	
	State:	WISCONS	SIN		
Citation 1902(a)(52) and 1925 of		<u>Families</u>	Receiving Extended	Medicaid Benefits	
the Act	(a)	6-month p Section 1 duration, categoric ATTACHMEN	provided to familia beriod of extended N 1925 of the Act are and scope to servically needy AFDC rec 12 3.1-A (or may be a caretaker relative e plan).	Medicaid benefits of equal in amount, ices provided to cipients as describ greater if provide	nder oed in
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are			
		ser rec may	aal in amount, durate vices provided to o cipients as describe be greater if prov ative employer's he	categorically needy ed in <u>ATTACHMENT 3.</u> vided through a car	<u>l-A</u> (or retaker
		ser red thr ins	al in amount, durate vices provided to c cipients, (or may be cough a caretaker re surance plan) minus clowing acute service	categorically needy e greater if providual elative employer's any one or more of	ied health
			Nursing facility se services in an inst diseases) for indiv older.	titution for mental	L
			Medical or remedia: licensed practition		
			Home health service	es.	
	-	services	under its approved	Welfare Reform Wai	iver
TN No. 91-0		Date	-/6-92 Effect	tive Date10/1/91	L
TN No.			HCF	A ID: 7982E	

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	WISCON	ISIN
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits
			Private duty nursing services.
			Physical therapy and related services.
		_7	Other diagnostic, screening, preventive, and rehabilitation services.
		<i>_</i>	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
		<u></u>	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.
TN No. 91-0 Supersedes TN No. 87-		Date _/	-/6-92 Effective Date 10/1/91
TN No. 87	-OOT-6		

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	State:	WISCO	NSIN
Citation		<u>ilies Re</u> ntinued)	ceiving Extended Medicaid Benefits
	(c) <u>/</u> /	fees, for h	gency pays the family's premiums, enrollment deductibles, coinsurance, and similar costs ealth plans offered by the caretaker's yer as payments for medical assistance
			1st 6 months /_/ 2nd 6 months
	\Box	emplo	gency requires caretakers to enroll in yers' health plans as a condition of bility.
		<u></u>	1st 6 mos 2nd 6 mos.
	(d) <u>/</u> /	fa ex	e Medicaid agency provides assistance to milies during the second 6-month period of tended Medicaid benefits through the llowing alternative methods:
		<u></u>	Enrollment in the family option of an employer's health plan.
		_7	Enrollment in the family option of a State employee health plan.
			Enrollment in the State health plan for the uninsured.
		<i></i> /	Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).
			Wisconsin provides MA services under its approved Welfare Reform Waiver.
TN No. 9	1-0025 Approval	Date /	-/6-92 Effective Date 10/1/91
TN No. NE			HCFA ID: 7982E

3940.68



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State: WISCONSIN

Citation

3.5 Families Receiving Extended Medicaid Benefits (Continued)

> Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
 - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- $K\overline{X}$ (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

91-0025 TN No.

Supersedes TN No. NEW

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